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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/553,906
Applicant : Thomas Bergman et al.
Filed : October 21, 2005

Title : HUMAN ALKALINE SPHINGOMYELINASE
AND USE THEREOF

Docket No. : 41348 Customer No. : 000116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

2nd LETTER

Sir:

Enclosed please find a copy of the executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (form PTO/SB/82) for the above-identified application. The original was mailed on November 22, 2006 (see enclosed copy of return receipt postcard No. 37036).

Please address all further correspondence to the undersigned attorney.

If there are any fees resulting from this communication, please charge such fees to our Deposit Account No. 16-0820, Order No. 41348.

Respectfully submitted,

PEARNE & GORDON LLP

Ronald M. Kachmarik, Reg. No. 34512

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May 31, 2007

I hereby certify that this correspondence is being submitted to the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Ronald M. Kachmarik
Name of Attorney

Signature of Attorney

05/31/2007
Date



Express Mail: NIA No. 30736
Inventor / Applicant: Thomas Bergman et al.
Title: Human alkaline sphingomyelinase & use thereof
Serial No. 11553, 906 Patent No. _____ Date: _____
Filed: October 21, 2005 Examiner: _____

Enclosed Are:

☐ **PATENT APPLICATION**

____ New Application Transmittal
____ Fee Transmittal (in duplicate)
____ Application Data Sheet
____ Declaration & Power Of Attorney _____ pgs.
____ Pgs. of Claims
____ Sheet(s) of Drawing(s)
____ Formal _____ Informal
____ Continuation or Division

☐ **ASSIGNMENT** _____ pgs.

____ Transmittal(s)

____ Original _____ Copies

☐ **INFORMATION DISCLOSURE**

____ PTO-1449 _____ Refs.

☐ **AMENDMENT** _____

in Response to Paper No. _____

Priority Documents _____ listed below

Other transmittal letter filing the
revocation of power of attorney
with new power of attorney
change of correspondence
address

CHECK(S) IN THE AMOUNT(S) OF

\$ _____ \$ _____

Client Code AREA Doc. No. 41348

Int. AREA Date 11/22/05

ACKNOWLEDGES RECEIPT OF:

